Form 990-T	_^	Sinpt O	(and proxy tax	x under	sec	s Income T tion 6033(e))	7009	•		
	For calend	dar year 2019 or othe				9 , and ending SE	P 30, 202	0	2	<u>'U1</u>
Department of the Transum		➤ Go to	www.irs.gov/Form99	OT for instru	ction	s and the latest inform	ation.	ļ	Opents	Dublic In
Department of the Treasury Internal Revenue Service	D	o not enter SSN ı	numbers on this form a	s it may be	mad	e public if your organız	ation is a 501 <u>(c)(3).</u>			Public Insp Organizati
A Check box if address changed	N	ame of organizati	on (Check box if	f name chang	ged a	and see instructions)		(Emp	loyer iden ployees' tr uctions)	tification ni ust, see
B Exempt under section	Print <u>I</u>	EACONES	S HOSPITAL,	INC.						<u> 5933:</u>
X 501(c(x)(3)	T		d room or suite no. If a	P.O. box, se	e ins	structions			ilated busi instruction	ness activi 1s)
408(e) 220(e)	l —	00 MARY						↓ *		
408A 530(a) 529(a)		ity or town, state	or province, country, ar LE , IN 477		eign	postal code		621	<u> 500</u>	
C Book value of all assets at end of year	F		n number (See instructi							
1,921,220,3		Check organizati		1(c) corpora	tion	501(c) trust	401(a)			Othe
H Enter the number of the	_			6_			the only (or first) ur			
trade or business here							complete Parts I-V.			ne,
describe the first in the	blank space	at the end of the	previous sentence, com	iplete Parts I	and	II, complete a Schedule	M for each addition	ial tradi	e or	
business, then complete							amim 1.	T		٦
I During the tax year, was						liary controlled group?	53288	X Y	es _	No
If "Yes," enter the name				V	<u>eo</u>				450.	-329
J The books are in care of		or Busines				(A) Income	(B) Expense:		7.00.	(C) Net
		3,347,9		<u> </u>	\dashv	(A) income	(D) Expense:	·	+-	(0) 1461
1a Gross receipts or sal	_	8,583,5				4,764,372.			/	
b Less returns and allo	_		96. c Balance		\neg	4,649,206.	-		 	
2 Cost of goods sold (00/107/	() 📑		115,166.			1 .	115,
3 Gross profit. Subtract 4a Capital gain net inco			() K + W L/		_	115,100.			 	
			h Form 47071	4		<u> </u>			 	
			111 011112(731)	4	_				1	
•			tion (attach statement)	-7	_		-		1	١ .
5 Income (loss) from a6 Rent income (Sched)		p of all 5 corpora	tion (attach statement)							
7 Unrelated debt-finan		(Schedule F)			$\overline{}$					
		•	rolled organization (Sch	<u> </u>	_				1	
	-		(17) organization (Sche		7					
10 Exploited exempt act			, , ,	1	0					
11 Advertising income (•		4	/ []	1					
12 Other income (See in	structions,	attach schedule)		1:	2					
13 Total. Combine line	s 3 through	12		1		115,166.				115,
Part II Deduction	ons Not	Taken Elsev	where (See instruc	tions for lin	nıtat	ions on deductions)				
			ted with the unrelate	d business	ıncı	ome)		•		
14 Compensation of of	ficers, direc	tors, and trustees	(Schedule K)			_		14	<u> </u>	
15 Salaries and wages					7	$\overline{}$		15		
16 Repairs and mainte	nance		/ REC	CEIVE	D.			16	<u> </u>	
17 Bad debts			 /			μöl		17	├ ──	
18 Interest (attach sch	edule) (see	instructions)	12 And	2 4 207	21)SO-S:		18	-	
19 Taxes and licenses			AUG AUG	<i>4</i> ∠00	L١	/ တွဲ		19	-	
20 Depreciation (attacl	1 Form 4562	2)			_/			 	-	
	laimed őn S	chedule A and els	ewhere of retunG[JEN, J	X	21a		21b	+	
22 Depletion	. / .							22	+	
23 Contributions to de	,	ensation plans						23	1	
24 Employee benefit p		dula IX						24	+	
25 Excess exempt exp								25	 	
26 Excess readership of	-							26	+	
27 Other deductions (a								27	\vdash	
28 Total deductions.			aratina laga de disatre :-	Cubtenat I:	. 20	from line 12		28	+	115,
/			erating loss deduction.					29	+	<u> </u>
/	perating los	s arising in tax ye	ars beginning on or afte	er January 1,	, 201	O		20	1	
(see/instructions)								30	 	
31 Unrelated business	40.40 F.1	ma Cubancali	20 from line 20					31	1 *	115,3

923701 01-27-20 LHA For Paperwork Reduction Act Notice, see Instructions.

		DEACONESS HOSPITAL				35-0)593390 Page 2
:Part	HI.	Total Unrelated Business Taxa	ible Income				
32 /	Total o	unrelated business taxable income compute	d from all unrelated trades or businesses	(see instructions)		82	123,023.
•		ts paid for disallowed fringes			τ	33	
		ble contributions (see instructions for limitati	on rules)	STMT 2	· u	34	12,202.
		nrelated business taxable income before pre-2	•	of line 34 from the sum.	of lines 32 and	35	110,821.
		ion for net operating loss arising in tax years	·			36	
				•		637	110,821.
		unrelated business taxable income before sp		E 35 ,	اخ ٠	2 H	
		deduction (Generally \$1,000, but see line 38			%	38	1,000.
		ted business taxable Income. Subtract line	38 from line 37. If line 38 is greater than li	ne 37,	1.1		100 001
		ie smaller of zero or line 37			<u></u>	1 89 1	109,821.
		Tax Computation					
		rations Taxable as Corporations. Multiply li				<u> 46</u>	23,062.
41		Taxable at Trust Rates. See instructions for		nt on line 39 from:	•	4	
	T.	ax rate schedule or Schedule D (For	m 1041)		, , ▶	1 41	
42	Proxy t	ax. See instructions			, •	42	
43	Alterna	tive minimum tax (trusts only)				43	
44	Tax on	Noncompliant Facility Income. See instruct	ions .			44	
45	Total.	Add lines 42, 43, and 44 to line 40 or 41, which	chever applies	. 11485.//84414	7	45	23,062.
'Part,	<i>X</i>]][[X	Tax and Payments			ı	₽	
46 a	Foreign	tax credit (corporations attach Form 1118; ti	usts attach Form 1116)	46a			
	-	redits (see instructions)	•	46b		-1 !	
		business credit, Attach Form 3800	•	46c		⊣ ¦	
		or prior year minimum tax (attach Form 8801		46d		⊣ !	
		redits. Add lines 46a through 46d		400]		46'e	
_		it line 45e from line 45	•		•	47	23,062.
		ixes. Check if from: Form 4255	Form 8611 Form 8607 For	m 8866 Othe	 (attach schedule)		25,002.
		ix. Add lines 47 and 48 (see instructions)	10/11/00/110/11/003/10/1	0000 <u></u> 01116	(412001133113)	49	23,062.884
		•	orm OCE D. Don't II. only on (b) type 2		Ч	50	0.
		et 965 tax liability paid from Form 965-A or Fo		1 - 1	20 120		<u> </u>
	•	its: A 2018 overpayment credited to 2019	. lea	51a	28,120	- H	
		stimated tax payments		516	150 000	- ·	
		osited with Form 8868			150,000	-	
		organizations: Tax pald or withheld at source	(see instructions)	51d	_	⊣ ∜	
		withholding (see instructions)	• •	51e		⊣ :	
1 (Credit f	or small employer health insurance premium:	s (attach Form 8941)	. 511		⊣ ∥	
ا و	_		orm 2439			1	
L			Other Total	► 51g			
52	Total pa	syments. Add lines 51a through 51g		•		52	178,120.
53 l	Estimat	ed tax penalty (see instructions). Check if For	m 2220 is attached 🕨 🔲		_	58	<u> </u>
54	Tax due	. If line 52 is leşs than the total of lines 49, 5	0, and 53, enter amount owed		12	54	<u> </u>
		yment. If line 52 is larger than the total of line			(0)	55	155,058.
5611	Enter th	e amount of line 55 you want. Credited to 20	20 estimated tax 🕨 10	0,000. R	efunded 🕨	56	55,058.
Part	VI] {	Statements Regarding Certain	Activities and Other Informa	ation (see instru	uctions)	1	50,448.01
57 /	At any t	ime during the 2019 calendar year, did the or	ganization have an interest in or a signatu	re or other authority	,		Yes No
(over a f	nancial account (bank, securities, or other) in	a foreign country? If "Yes," the organizati	ion may have to file			
		Form 114, Report of Foreign Bank and Financ					
	here	>		, , , , , , , , , , , , , , , , , , , ,			X
		the tax year, did the organization receive a dis	tribution from or was it the grantor of or	transferor to a fore	unn truet2		— X
	_	see instructions for other forms the organiza	•	dansicion to, a lore	agn a ast.	•	, 1
		e amount of tax-exempt interest received or a					,
	1	day a - a diversi - d - a basis i i d - d - a basis i basis i a - a - a - a - a - a	t diversities and address as a second set of the	nd statements, and to th	e best of my knowl	edge and belief	It is true.
Sign	CO	rect, and complete Declaration of prepare (other that	n taxpayer) is based on all information of which pre	eparer has any knowledge	ec _		
Here		-WM		H SYSTEM	1 '		cuss this return with
		Signature of officer	Date Title	u Pipiem		he preparer sho natructions)?	
				T			X Yes No
		Print/Type preparer's name	Preparer's signature	'Date	Check	if PTIN	
Paid		CARRIE A. MERRILL,	CARRIE A. MERRILL,	18,16.21	self- employed		
Prepa		CPA	CPA	10,00	T		832283
Use (Only		LLC		Firm's EIN	> 35-	1178661
	-	500 N. MER		U			
		Firm's address ► INDIANAPOL	IS, IN 46204		Phone no	317-63	
923711 01	1-27-20					Fo	orm 990-T (2019)

Schedule A - Cost of Goods Sold. Enter	method of invent	tory val	uation N/A			•	
1 Inventory at beginning of year 1	0.	6	Inventory at end of yea	ŗ		6	0.
2 Purchases 2		7	Cost of goods sold Su	ubtract I	ine 6		
3 Cost of labor 3] .	from line 5. Enter here	and in F	Part I,		
4a Additional section 263A costs	- -	1	line 2			7	4,649,206.
(attach schedule) 4a		8	Do the rules of section	263A (v	with respect to		Yes No
b Other costs (attach schedule) ** 4b 4	649,206.]	property produced or a	cquired	for resale) apply to		
5 Total Add lines 1 through 4b 5 4	649,206.		the organization?				X
Schedule C - Rent Income (From Real I (see instructions)	Property and	Pers	onal Property L	ease	d With Real Prop	erty)	
1 Description of property							
(1)							
(2)	•		·				
(3)							
(4)			•••				
	ed or accrued				-		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) (b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)						connec id 2(b) (a	ted with the income in itach schedule)
(1)							
(2)			·				
(3)							
(4)							
Total 0.	Total			0.			
(c) Total income Add totals of columns 2(a) and 2(b). En here and on page 1, Part I, line 6, column (A)	<u> </u>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>	0.
Schedule E - Unrelated Debt-Financed	Income (see I	instruc	tions)				·
		2.	Gross income from		3. Deductions directly con to debt-finance		erty
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deductions (attach schedule)
(1)	·		-		· -		
(2)	-						. .
(3)					· · · ·		
(4)							
4 Amount of average acquisition 5 Average debt on or allocable to debt-financed of or a property (attach schedule) debt-finan	adjusted basis flocable to nced property a schedule)	6.	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(8, Allocable deductions column 6 x total of columns 3(a) and 3(b))
(1)	-	 	%				
(2)			%		-		
(3)	···		%		<u>'-</u>		-
(4)			%		· .		
<u> </u>					nter here and on page 1, Part I, line 7, column (A)		inter here and on page 1, Part I, line 7, column (B)
Totals			_		0	.	0.
Total dividends-received deductions included in column	8						0.

Form **990-T** (2019)

Schedule F - Interest,	Annuitie	s, Royaltie					tions	(see ins	truction	s)
			Exem	pt Controlled (Organizati	ons				
Name of controlled organize	ation	2. Emplo identificat numbe	ion (loss)	unrelated income (see instructions)		tal of specified ments made	5. Part of of included in organization	the contro	olling	6. Deductions directly connected with income in column 5
(1)					1					· · · · · · · · · · · · · · · · · · ·
(2)									$\neg \uparrow$	
_(3)								_		
_(4)									1	
Nonexempt Controlled Organ	ızatıons						·			
7. Taxable Income	т	nrelated income (loss) Q T	otal of specified pay	ments	10. Part of colu	mn 9 that is in	ncluded	11 De	ductions directly connected
7, 14,220 11,001,0		ee instructions)	, substituting (1)	made	,,,,,,,,	in the controlli	ing organization	on's		income in column 10
(1)										
_(2)]		
_(3)										
_(4)										
				-		Enter here and	nns 5 and 10 on page 1, Procolumn (A)	art I,	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
<u>Totals</u>			•					0.		
Schedule G - Investme	ent Incon	ne of a Se	ction 501(c)(7), (9), or ((17) Org	janization				
(see inst	ructions)									
1 , Des	cription of incor	me		2 Amount o	I income	directly conne	3. Deductions Irectly connected (attach schedule)			 Total deductions and set-asides (col 3 plus col 4)
_(1)										
(2)										
(3)										
(4)			<u> </u>							
				Enter here and Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals					0.					0.
Schedule I - Exploited	Exempt	Activity In	come Oth	er Than Ad		a Income				
(see instr	-	, iotivity in	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			9				
Description of exploited activity	2 G unrelated income trade or b	business e from	3. Expenses directly connected with production of urrelated business income	4 Net incor from unrelate business (c minus colum gain, comput through	d trade or olumn 2 in 3) If a ie cols 5	5. Gross inco from activity the is not unrelate business incor	hat ed	6. Expe attributal colum	ble to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								_		
(2)	•	,								
(3)										_
(4)										-
Totals	Enter here page 1, line 10, c	Part I,	Enter here and on page 1, Part I, line 10, col (B)							Enter here and on page 1, Part II, line 25
Schedule J - Advertisi	ng Incon	ne (see inst	tructions)							
Part I Income From	Periodica	als Report	ted on a Co	nsolidated	Basis					
-										
1. Name of periodical		2. Gross advertising income	3. Direct advertising cos	or (loss) (c	tising gain of 2 minus ain, compute nrough 7	5. Circulati	ion	6. Reader costs	ship	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)					- <u> </u>					
(2)										
(3)										
(4)							1			
-			1		<u> </u>	1				
Totals (carry to Part II, line (5))	<u> </u>	0.	<u> </u>	0.		<u>L</u>				0. Form 990-T (2019)
										101111 000 1 (2013)

Form 990-T (2019) DEACONESS HOSPITAL, INC. 35-05933

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							
(2)			_				
(3)				Ĭ			
(4)				[
Totals from Part I	▶	0.	0.				0
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	•	0.	0.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		_%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14		<u> </u>	0.

Form 990-T (2019)

	•	
DEACONESS	HOSPITAL,	INC.

35-0593390

FORM 990-T	PARENT	CORPORATION'S	NAME	AND	IDENTIFYING	NUMBER	STATEMENT
CORPORATION'	S NAME						IDENTIFYING 1
DEACONESS HE	ALTH SYST	rem, inc					35-1532889

FORM 990-T CONTRI	BUTIONS SUMMARY		STATEMENT	2
QUALIFIED CONTRIBUTIONS SUBJECT QUALIFIED CONTRIBUTIONS SUBJECT				
CARRYOVER OF PRIOR YEARS UNUSED FOR TAX YEAR 2014 FOR TAX YEAR 2015 FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018	CONTRIBUTIONS 812,277 1,106,151 980,995 1,154,262			
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUT	IONS	4,053,685		
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJ	USTED	4,053,685 12,202	_	
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS		4,041,483 0 4,041,483	_	
ALLOWABLE CONTRIBUTIONS DEDUCTIO	n —		12,	202
TOTAL CONTRIBUTION DEDUCTION			12,	202

FORM 990-T	COST OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
LABORATORY COSTS		4,649,206.
TOTAL TO FORM 990-T	, SCHEDULE A, LINE 4B	4,649,206.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

ENTITY

OMB No 1545-0047

1

Department of the Treasury Internal Revenue Service

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30, 2020

► Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ivame	DEACONESS HOSPITAL, INC.			35-05		
	Inrelated Business Activity Code (see instructions) > 51821			***		,
	escribe the unrelated trade or business BILLING S	ERV	ICES			
Pai	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	5	(C) Net
1 a	Gross receipts or sales 3,361,289.					.
b	Less returns and allowances c Balance ▶	1c	3,361,289.			
2	Cost of goods sold (Schedule A, line 7)	2	3,545,051.			
3	Gross profit Subtract line 2 from line 1c	3	-183,762.			-183,762.
4 a	Capital gain net income (attach Schedule D)	4a			\longrightarrow	
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				,
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5			\longrightarrow	
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12_				
13	Total. Combine lines 3 through 12	13	-183,762.			-183,762.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business income			uctions.) (Ded	luctions	must be
14	Compensation of officers, directors, and trustees (Schedule K)				14	

$\overline{}$						
14	Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	
20	Depreciation (attach Form 4562)	20				
21	Less depreciation claimed on Schedule A and elsewhere on return	21a			21b	
22	Depletion				22	
23	Contributions to deferred compensation plans				23	
24	Employee benefit programs				24	
25	Excess exempt expenses (Schedule I)				25	
26	Excess readership costs (Schedule J)				26	
27	Other deductions (attach schedule)				27	
28	Total deductions. Add lines 14 through 27				28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line		29	-183,762.		
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2					
	instructions)		STMT	4	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29				31	-183,762.

LHA For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M	1	NET OPERATING LOSS	DEDUCTION	STATEMENT 4
TAX YEAR	LOSS SUSTAINE	LOSS PREVIOUSLY D APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	28,299	•	28,299.	28,299.
NOL CARRYC	VER AVAILABLE TI	HIS YEAR	28,299.	28,299.

Page	3	
9 -	-	

, , , , , , , , , , , , , , , , , , , ,						ENTITY	1
Form 990-T (2019) DEACONESS	н∩срттаі	. TNC			35-0593	1390	Pa
Schedule A - Cost of Goods	Sold. Enter n	nethod of inver	ntory valuation		33 0370		
1 Inventory at beginning of year	1		6 Inventory at end of ye	ar		6	
2 Purchases	2		7 Cost of goods sold. S		line 6		
3 Cost of labor	3		from line 5. Enter her	e and in	Part I,		
4 a Additional section 263A costs			line 2		L	7	
(attach schedule)	_4a	·	8 Do the rules of section	n 263A (with respect to		Yes
b Other costs (attach schedule)	4b		property produced or	acquired	l for resale) apply to		
5 Total. Add lines 1 through 4b	5		the organization?		Day Day 10		
Schedule C - Rent Income (From Real P	roperty and	a Personai Property i	Lease	a with Real Prope	erty)	
(see instructions)							
. Description of property							
(1)							
(2)			******		<u></u>	***	
(3)					·	· · - · · -	
(4)			•		· .		
	2. Rent received	or accrued					
(a) From personal property (if the perc rent for personal property is more i 10% but not more than 50%)	entage of than	` of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directly of columns 2(a) and	connected with the in I 2(b) (attach schedul	e) come in
(1)					·		
(2)			*-				
(3)							
(4)							
Total	0.	Total		0.			
c) Total income. Add totals of columns 2		Г			(b) Total deductions. Enter here and on page 1,		
ere and on page 1, Part I, line 6, column		<u> </u>		<u>0.</u>	Part I, line 6, column (8)	<u> </u>	
Schedule E - Unrelated Deb	t-Financed li	ncome (see	instructions)	1			
			2. Gross income from		Deductions directly conne to debt-finance		0
1 Description of debt-fine	anced property		or allocable to debt- financed property	(a)	Straight line depreciation	(b) Other de	
					(attach schedule)	(attach scr	16aule)
(1)				 	·	 	
(2)				 			
(3)							
(4)			· · · · · · · · · · · · · · · · · · ·		 		
4. Amount of everage acquisition	5. Average ac	drusted besis	6. Column 4 divided		7. Gross income	8, Allocable	deduction
debt on or allocable to debi-financed property (attach schedule)	of or allo debt-financ	cable to	by column 5		reportable (column 2 x column 6)	(column 6 x tot 3(a) and	al of colu
1)	*****	·	%				
(2)			%				
			%				
(3)			%				
(3)	···	<u> </u>	<u></u> %		nter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7, c	
(3) (4) Totals			<u>%</u>				

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30, 2020

_{30, 2020} **2019**

Employer identification number

ENTITY

Department of the Treasury
Internal Revenue Service

Name of the organization

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for

OMB No 1545-0047

2

	DEACONESS HOSPITAL, INC			35-05	93390	
	Inrelated Business Activity Code (see instructions) > 44611	0				
[Describe the unrelated trade or business PHARMACY	SAL	ES			
Pa	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses	;	(C) Net
1 a	Gross receipts or sales 43, 283.					
b	Less returns and allowances c Balance ▶	1c	43,283.	_		
2	Cost of goods sold (Schedule A, line 7)	2	41,553.			
3	Gross profit Subtract line 2 from line 1c	3	1,730.			1,730.
4 a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	_1,730.			1,730.
Pai	Deductions Not Taken Elsewhere (See instruction directly connected with the unrelated business in			uctions.) (Ded	uctions	must be
14	Compensation of officers, directors, and trustees (Schedule K)		· <u></u>		14	
15	Salaries and wages			ļ	15	
16	Repairs and maintenance			ļ	16	

14	Compensation of officers, directors, and trustees (Schedule K)	_	14	
15	Salaries and wages		15	
16	Repairs and maintenance		16	
17	Bad debts		17	
18	Interest (attach schedule) (see instructions)		18	
19	Taxes and licenses		19	
20	Depreciation (attach Form 4562)	20		
21	Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	
22	Depletion		22	
23	Contributions to deferred compensation plans		23	
24	Employee benefit programs		24	
25	Excess exempt expenses (Schedule I)		25	,
26	Excess readership costs (Schedule J)		26	
27	Other deductions (attach schedule)		27	
28	Total deductions. Add lines 14 through 27		28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract	line 28 from line 13	29	1,730.
30	Deduction for net operating loss arising in tax years beginning on or after January	1, 2018 (see		
	instructions)		30	<u> </u>
31	Unrelated business taxable income Subtract line 30 from line 29		31	1,730.

LHA For Paperwork Reduction Act Notice, see instructions.

Form 990-T (2019)						Page 3
DEACONESS	HOSPITA	L, INC.			35-0593	3390
Schedule A - Cost of Good	s Sold. Enter	method of inven	itory valuation			
 Inventory at beginning of year 	1		6 Inventory at end	of year	-	6
2 Purchases	2		7 Cost of goods so	l d . Subtract	t line 6	
3 Cost of labor	3		from line 5. Enter	here and in	Part I,	<u> </u>
4 a Additional section 263A costs			line 2		L	7
(attach schedule)	4a		8 Do the rules of se	ection 263A	(with respect to	Yes No
b Other costs (attach schedule)	4b		property produce	d or acquire	ed for resale) apply to	
5 Total Add lines 1 through 4b	5		the organization?			
Schedule C - Rent Income	(From Real	Property and	Personal Proper	ty Lease	ed With Real Prope	erty)
(see instructions)				-		
1 Description of property						
(1)						. <u>-</u>
(2)						
(3)						
(4)						
	2. Rent receiv	ed or accrued				
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the per personal property exceeds 50% at is based on profit or income	Or II	columns 2(a) and	connected with the income in d 2(b) (attach schedule)
(1)	-					
(2)						
(3)	-					
(4)			- <u>-</u>			
Total	0.	Total		0.		
(c) Total income. Add totals of columns	2(a) and 2(b). En	ter			(b) Total deductions.	
here and on page 1, Part I, line 6, column		•		0.	Enter here and on page 1, Part I, line 6, column (B)	O .
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)			
	•		2. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fit	nanced property		or allocable to debt- financed property	(a	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				-		
(2)		· ·				
(3)				<u> </u>	···	<u>" - "</u>
(4)	*			_	****	·
4 Amount of average acquisition debt on or allocable to debt-timenced property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6 Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%		
(2)			**	%	" - "	
(3)	· · ·			%		
(4)			-	%		
N.d.					Enter here and on page 1,	Enter here and on page 1,
					Part I, line 7, column (A)	Part I, line 7, column (B)
Totals				▶	0.	
Total dividends-received deductions in	ncluded in column	8			>	0.

3

OMB No 1545-0047

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019 and ending SEP 30,

► Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Department of the Treasury Internal Revenue Service

Name of the organization

DEACONESS HOSPITAL, INC.

Employer identification number

35-0593390

Unrelated Business Activity Code (see instructions) ► DIETARY SERVICES Describe the unrelated trade or business Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 30,219. 1 a Gross receipts or sales 30,219. c Balance **b** Less returns and allowances 1c 24,175. Cost of goods sold (Schedule A, line 7) 2 2 6,044. 6,044. Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 6 Rent income (Schedule C) Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 12 . Other income (See instructions, attach schedule) 12 6,044.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

13

6,044.

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on return 21a	21b	
22	Depletion	22	
23	Contributions to deferred compensation plans	23	
24	Employee benefit programs	24	
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	<u> </u>
27	Other deductions (attach schedule)	27	· · · · · · · · · · · · · · · · · · ·
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	6,044.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	6,044.

LHA For Paperwork Reduction Act Notice, see instructions.

Total. Combine lines 3 through 12

Form 990-T (2019)							Page
DEACONESS_1	HOSPITA	L, INC.			35-0593	<u>339</u> 0	
Schedule A - Cost of Goods S	Sold. Enter	method of inven	tory valuation				
1 Inventory at beginning of year	1		6 Inventory at end of year	ar	_	6	
2 Purchases	2		7 Cost of goods sold. S	line 6			
3 Cost of labor	3		from line 5. Enter here	and in l	Part I,		
4a Additional section 263A costs			fine 2		Ĺ	7	
(attach schedule)	4a		8 Do the rules of section	1 263A (with respect to		Yes No
b Other costs (attach schedule)	4b		property produced or	acquired	for resale) apply to		
5 Total Add lines 1 through 4b	5		the organization?				<u></u>
Schedule C - Rent Income (Fi	rom Real	Property and	Personal Property L	_ease	d With Real Prope	erty)	
(see instructions)							
1. Description of property							
			.			_	
(1)						 	
(2)			 				
(3)					_ 		
(4)	2. Rent receive		 				
		ed or accrued	and never post of the personal		3(a) Deductions directly	connected with the ii	ncome in
(a) From personal property (if the percen rent for personal property is more than 10% but not more than 50%)	an	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	columns 2(a) and	d 2(b) (attach schedu	ute)
(1)							
(2)							
(3)					<u> </u>	·	
(4)		! 					
Total	0.	Total		0.	1		
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A	A)	•		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Debt-	Financed	Income (see	nstructions)				
			2. Gross income from		Deductions directly conn to debt-finance		ole
1 Description of debt-finance	ced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so	eductions chedule)
(1)							
(2)							
(3)							
(4)							
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-final	adjusted basis llocable to nced property a schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6 x to	e deductions ital of columns ind 3(b))
(1)			%				
(2)			%				
(3)			%			1	

%

Enter here and on page 1, Part I, line 7, column (A)

0.

Form **990-T** (2019)

0.

0.

Enter here and on page 1, Part I, line 7, column (B)

(4)

Totals

Total dividends-received deductions included in column 8

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income from an Unrelated Trade or Business

For calendar year 2019 or other tax year beginning OCT 1, 2019, and ending SEP 30,

► Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No 1545-0047

Internal Revenue Service Name of the organization

DEACONESS HOSPITAL, INC.

Employer identification number

ENTITY

35-0593390

Unrelated Business Activity Code (see instructions) ► 561499 ► CALL CENTER SERVICES Describe the unrelated trade or business Unrelated Trade or Business Income (B) Expenses (C) Net (A) Income 18,652. 1 a Gross receipts or sales 18,652 **b** Less returns and allowances c Balance 1c 26,055. 2 2 Cost of goods sold (Schedule A, line 7) -7,403 -7,403 Gross profit Subtract line 2 from line 1c 3 4 a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) 5 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) 7 7 Interest, annuities, royalties, and rents from a controlled 8 organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) 10 Advertising income (Schedule J) 11 11 12 Other income (See instructions, attach schedule) 12 -7,403. -7,403. 13 Total. Combine lines 3 through 12 13

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)					14	
15	Salaries and wages					15	
16	Repairs and maintenance					16	
17	Bad debts .					17	
18	Interest (attach schedule) (see instructions)					18	
19	Taxes and licenses					19	
20	Depreciation (attach Form 4562)	20					
21	Less depreciation claimed on Schedule A and elsewhere on return	21a		_		21b	
22	Depletion					22	
23	Contributions to deferred compensation plans					23	
24	Employee benefit programs					24	
25	Excess exempt expenses (Schedule I)					25	
26	Excess readership costs (Schedule J)					26	
27	Other deductions (attach schedule)					27	
28	Total deductions. Add lines 14 through 27					28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line	28 fro	n line 1	3		29	-7,403.
30	Deduction for net operating loss arising in tax years beginning on or after January 1,	2018 (s	ee				
	instructions)			STMT	5	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29					31	-7,403.

LHA For Paperwork Reduction Act Notice, see instructions.

SCHEDULE M	NET	OPERATING LOSS	DEDUCTION	STATEMENT 5
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
09/30/19	7,776.	<u> </u>	7,776.	7,776.
NOL CARRYO	VER AVAILABLE THIS	YEAR	7,776.	7,776.

DEACONESS	HOSPITZ	AL. INC.				35-0593	390	Page
Schedule A - Cost of Good	s Sold. Ente	method of inve	ntory v	aluation >				
1 Inventory at beginning of year	1 1		6	Inventory at end of yea	ır		6	•
2 Purchases	2			Cost of goods sold. Si	ubtract	line 6		
3 Cost of labor	3			from line 5. Enter here	and in	Part I,		
4a Additional section 263A costs				line 2		L	7	
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	<u>[`</u>	res No
b Other costs (attach schedule)	4b			property produced or a	acquired	for resale) apply to	l <u>.</u> _	
5 Total. Add lines 1 through 4b	_ 5			the organization?				
Schedule C - Rent Income	(From Real	Property and	d Per	sonal Property L	.ease	d With Real Prope	rty)	
(see instructions) 1. Description of property							 	
<u>(1)</u> <u>(2)</u>								
(3)	_	<u> </u>		٠٠.		<u>.</u>	·	
(4)	-						·	
	2. Rent receiv	red or accrued						
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	of rent for	personal	onal property (if the percental property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly or columns 2(a) and	onnected with the inco 2(b) (attach schedule)	me in
(1)				<u> </u>				
(2)		1		· · · · · · · · · · · · · · · · · · ·			" ,	
(3)								
(4)								
Total	0.	Total			0.		-	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, colum	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>	0.
Schedule E - Unrelated Del	ot-Financed	Income (see	ınstru	ctions)				
			2	. Gross income from		3. Deductions directly connect to debt-financed		
1. Description of debt-fi	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other dedu (attach sched	ctions fule)
		· · · · · · · · · · · · · · · · · · ·	1	- <u></u>				
(2)							-	
(3)								
(4)								
 Amount of average acquisition debt on or allocable to debt-innanced property (attach schedule) 	of or a	eadjusted basis allocable to nced property h schedule)	6	. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Alfocable de (column 6 x total d 3(a) and 3	of columns
(1)				%				
(2)				%				
(3)				%				
(4)	<u></u>			%				
						nter here and on page 1, Part I, line 7, column (A)	Enter here and on Part I, line 7, colu	
Totals				▶		0.		0.

0.

Total dividends-received deductions included in column 8

5 OMB No 1545-0047

Unrelated Business Taxable Income from an Unrelated Trade or Business

Department of the Treasury

Name of the organization

For calendar year 2019 or other tex year beginning OCT 1, 2019 and ending SEP 30,

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

► Go to www.irs.gov/Form990T for instructions and the latest information.

Internal Revenue Service

DEACONESS HOSPITAL, INC.

Employer identification number

35-0593390

Unrelated Business Activity Code (see instructions) ► 561000 ► LAUNDRY SERVICES Describe the unrelated trade or business

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
	Gross receipts or sales Less returns and allowances C Balance ▶	1c	500.		
2	Cost of goods sold (Schedule A, line 7)	2	417.		
3	Gross profit Subtract line 2 from line 1c	3	83.		83.
4 a		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		-	
5	Income (loss) from a partnership or an S corporation (attach				
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	83.		83.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17 ·	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Depreciation (attach Form 4562)	<u> </u>	
21	Less depreciation claimed on Schedule A and elsewhere on return	21b	
22	Depletion	22	
23 ,	Contributions to deferred compensation plans	23	· · · · · · · · · · · · · · · · · · ·
24	Employee benefit programs	24	•
25	Excess exempt expenses (Schedule I)	25	
26	Excess readership costs (Schedule J)	26	
27	Other deductions (attach schedule)	27	
28	Total deductions. Add lines 14 through 27	28	0.
29	Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13	29	83.
30	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	30	0.
31	Unrelated business taxable income Subtract line 30 from line 29	31	83.

LHA For Paperwork Reduction Act Notice, see instructions.

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DEACONESS	S HOSPITA	AL, INC.			35-0593	390	
Schedule A - Cost of Good	is Sold. Enter	method of inver	tory valuation				
1 Inventory at beginning of year	1		6 Inventory at end of y		6		
2 Purchases	2	·· · · · · · · · · · · · · · · · · · ·	7 Cost of goods sold.	line 6			
3 Cost of labor	3		from line 5. Enter hei	Part I,			
4a Additional section 263A costs			line 2	. -	7		
(attach schedule)	4a		8 Do the rules of section	with respect to	Yes No		
b Other costs (attach schedule)	4b		property produced or	d for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?	,,			
Schedule C - Rent Income	(From Real	Property and		Lease	d With Real Prope	rty)	
(see instructions)							
1. Description of property							
(1)					_		
(2)							
(3)				 			
(4)				·	<u></u>		
	2. Rent receiv	red or accrued		_			
(a) From personal property (if the personal property is more 10% but not more than 50%	nd personal property (if the percen ersonal property exceeds 50% or it it is based on profit or income)	tage f	age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)	<u> </u>		<u> </u>				
(2)		· · · · · ·					
(3)				-			
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns	, ,	ter			(b) Total deductions. Enter here and on page 1,		
Schedule E - Unrelated De		Income (see	instructions)	0.	Part I, line 6, column (B)	<u> </u>	
Otheddie E - Officiated Del	bt-i illanceu	moorne (see	instructions)	1	3. Deductions directly conne	cted with or ellocable	
			2. Gross income from		to debt-financed	ed property	
Description of debt-financed property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
					(Entern Stricello)	(2:20:00:00:00)	
(1)				+			
(2)				 			
(3)			 -	+	·		
(4)					-,.		
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5 Average ac of or allo debt-finance debt-finance		adjusted basis allocable to nced property h schedule)	ecable to by column 5 ed property		7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))	
(1)	 	<u> </u>	%	+			
(1) (2)	 		%	+			
(3)	 		/ <u>/</u>	1			
(4)	 		/ <u>/</u> /	+			
	L			+	ntor hara and on acces 1	Enter here and an age 1	
					nter here and on page 1, Part I, line 7, column (A)	Enter here and on page 1, Part I, line 7, column (B)	
Totals					0.	0.	
Total dividends-received deductions	ncluded in column	ı 8			<u> </u>	0.	